

CAMPAIGN FINANCE DIVISION

☒ **WAIVER REQUEST**
☐ **RECONSIDERATION REQUEST**

DATE: 7/26/2021
DOCKET #:

FILER INFORMATION

Name: Cory Levier, I
Office: State Senator, 24th Senatorial District
Parish: LAFAYETTE, ST. LANDRY, ST. MARTIN
Election Date: 10/12/2019
Level of Office: District

REPORT INFORMATION

Name of Report: 10-G
Original Due Date: 11/6/2019
Date Filed: 11/19/2019
Activity Receipts: \$0
Expenditures: \$0
Funds at Close of Reporting Period: \$250.00

LATE FEE INFORMATION

Amount of Late Fee: \$600
Days Late: 13
Late Fee Order Received: 11/9/2020
Payment/Waiver Request Due Date: 11/29/2020
Waiver Request Received: 11/29/2020
Additional Information Requested:
- Medical
- Financial - requested 7/16/2021 - NONE SUBMITTED
- Other

COMMENTS: Candidate submitted waiver request by mail and stated that the cause of the tardiness of the reports were due to human error and lack of attention to detail on his part. He asked that we consider his personal financial hardship. He said he plans on running for office again in the future and that his only income is the monthly benefit of a disabled combat veteran.

OTHER LATE FEE INFORMATION

Campaign Finance:

Other Outstanding Reports: No
Other Outstanding Late Fees: No
Prior Late Fees: No
Reassessed Late Fees: No

Disclosure Statements:

Other Outstanding Late Fees: No
Prior Late Fees: No

To the Louisiana Board of Ethics I humbly acknowledge that my IOG Campaign Finance Disclosure Report was filed 13 day late, in addition my IOP Campaign Finance Disclosure Report was filed 19 days late.

I am requesting a waiver of the late fees that were assessed due to the tardiness of these reports. The cause for these reports being late was human error and a lack of attention to detail on my part. I would be grateful if you also considered my personal financial hardship at this time. I plan to run for office again in the future and become a shining light of progress for my state and Country, however my financial portfolio does not reflect my passion for leadership, it is, at this time the monthly benefit of a disabled Combat Veteran.

Thank You for your consideration on this matter.

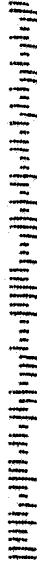
Sincerely yours, 

Cory Levier
2021 E. Pine St.
Lafayette LA 70570

BATON ROUGE LA 70821
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20 DEC 2020 PM 3 14

Louisiana Board of Ethics
P.O. Box 4638
Baton Rouge LA 70821

70821-4638





STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS
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June 16, 2021

Mr. Cory Levier, I
202 E. Pine St.
Lafayette, LA 70501

RE: Ethics Board Docket No.: 2021

Dear Mr. Levier:

You recently requested a waiver of the late fee assessed against you for filing your campaign finance disclosure report late in connection with the October 12, 2019 election. In the request you stated paying the fines would be a financial hardship. If you would like the Board to consider your financial situation, you must provide documentation verifying your claim. Please complete the enclosed form and return it along with your most recent tax return or benefits statement. The information you provide will only be reviewed by the Ethics Board.

Should you have any questions, please contact me at the above number.

Please submit the documentation to the above address by **July 19, 2021**.

Sincerely,

LOUISIANA BOARD OF ETHICS

Melissa Horn

Docket ID: 2021-

Financial Statement for _____ (Filer Name)

Married: ☐ Yes ☒ No

Spouse's name (if applicable): _____

Name	Age	Relationship	Contributes to household income?
Dependents (include claimed dependents and other persons living in your household):			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CD

Property in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commercial, farmland, investment, etc.)	Location (parish/county and state)

Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most return tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

Signature

Date

MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for _____ (Filer Name)

Monthly Household Income

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Spouse	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
Total Monthly Income		

Monthly Household Expenses

Expense Type	Monthly Amount
Housing (mortgage or rent)	
Vehicle (loan or lease)	
Public Transportation Costs	
Health Insurance	
Court-ordered expenses	
Student loans	
Other Loans - provide description	
Utilities	
Food, personal products, etc.	
Childcare	
Other Expenses (Provide Description)	
Total Monthly Expenses	